



CAPITOL PROJECT

2013/Application

Student Information:

Name: _____

Name on Nametag: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____

Email: _____

County: _____

Gender: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

School Information:

School Name: _____

School Phone: _____

School Address: _____

City: _____ Zip: _____

Principal: _____

Counselor: _____

Social Studies/Government Teacher: _____

Teacher Recommendation: (use additional paper as needed)

I recommend _____

for participation in Capitol Project 2013 because:

Teacher Signature* _____

Teacher Name (print): _____

Date: _____

Phone Number: _____

Email: _____

*Your signature indicates you believe this student is a good candidate for Capitol Project 2013 and will be a good representation of your school.

State Legislative Information: (NOT Federal)

Your STATE Senator: _____

Your STATE Representative: _____

Student Bio & Summary: (Please check if they are attached)

☐ Attach a brief biographical sketch describing yourself, your major interests in school, extra-curricular activities, etc.

☐ Attach a brief summary of your interest in participating in Capitol Project 2013

Parent/Guardian Acknowledgment:

I acknowledge that I am the parent/guardian of the student submitting this application for Capitol Project 2013.

Parent/Guardian Signature: _____

Parent/Guardian Name: (print) _____ Date: _____

Student Fellowship Funds: (Please check if applicable)

**Capitol Project has limited "student fellowship" funds available for participants in need of tuition assistance. For eligibility requirements and an application form, please call the Secretary of State's Office at 515-725-2874.*

☐ I have attached a Student Fellowship Funds application. I understand funding is limited.

Applicants who are accepted will need to:

1. Complete a medical history form
2. Sign a form that you agree to follow the course guidelines
3. Return registration fee & required forms
4. Provide your own transportation to and from the program

Please complete & return the application with attachments NO LATER than MONDAY, JANUARY 21st via one of the following methods:

EMAIL: Jen.Fagan@sos.iowa.gov

MAIL: Secretary of State's Office, Attn: Jen Fagan, State Capitol, Room 105, Des Moines, IA 50319

FAX: 515-242-5952